DOCUMENT RESUME

ED 230 000 EC 152 567

AUTHOR Sneideman, Annemies; And Others
TITLE Behavioral Assessment & Intervention: The Integrated Disciplinary Approach.
PUB DATE Apr 83
NOTE 10p.; Paper presented at the Annual International Convention of The Council for Exceptional Children (61st, Detroit, MI, April 4-8, 1983).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Behavior Modification; *Disabilities; Elementary Secondary Education; *Interdisciplinary Approach; *Intervention; Program Descriptions; Referral; *Student Evaluation; *Teamwork

ABSTRACT

The Integrated Disciplinary Approach is a system for assessing individuals with suspected handicaps without overtesting and producing excessive data that can be confusing to both parents and professionals. The educational diagnostician, behavioral consultant, psychologist, classroom teacher(s), and parent(s) comprise the team that reviews referral concerns, shares preliminary data, and devises a plan for conducting the assessment. Before formal referral is made, alternative behavior strategies are examined. Assessment addresses the parents' and teachers' concerns via behavioral observations and interviews. The team meets to write a comprehensive evaluation report which is shared with the parents. The individualized education plan is developed and placement decided. Efforts are made to plan ongoing parent-teacher conferences to promote consistency in home and school. (CL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

ED230000

Behavioral Assessment & Intervention:

The Integrated Disciplinary Approach

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Julie Stewart
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Annemies Sneideman
Educational Diagnostician

Deborah Spillane
Behavioral Consultant

Julie Stewart
School Psychologist

Simsbury, CT. Public Schools
Department of Special Services

EC 152307

Paper presented at the Annual Convention of the
Council for Exceptional Children
61st, Detroit, MI, April 4-8, 1983

DESCRIPTION

Utilization of a multidisciplinary team of professionals in the assessment of students with learning problems has become commonplace since the enactment of Public Law 94-142. Although providing assurance that educational programming decisions are not based upon limited information, the quest for thoroughness can lead to over-testing and sometimes results in a conglomeration of data which is confusing to professionals and parents alike.

In order to avoid these pitfalls, an integration of services and information is necessary. Our team has been able to develop some areas of interdependence which has facilitated the assessment process, and increased the comfort level of teachers, students and parents alike.

The Integrated Disciplinary Approach focuses on the clarification and analysis of problem behavior by a multidisciplinary team consisting of an educational diagnostician, behavioral consultant, psychologist, classroom teacher(s) and parent(s). A joint review of referral concerns, a sharing of preliminary interview and observational data, a mutually agreed upon plan for conducting the assessment, as well as weekly case conferences to review data and intervention strategies, are some of the ways the multidisciplinary team works through the evaluation process. A total team effort is necessary to integrate accumulated testing and observational data, which we believe results in a more thorough understanding of the student's overall functioning and can generate alternatives for meeting a student's academic and social/emotional needs.

The integrated approach to the assessment of student problematic behaviors views the youngster within the context of his or her environment. The primary goal of this approach is to facilitate a more positive interactive mode between the student and the source problem(s). It is our contention that a youngster's manifest behaviors can be modified to a marked degree through a multilateral decision-making process that adheres to consistent home/school intervention. Consistent home/school intervention is achieved by establishing a communication network during the initial stages of the referral process.

In order to promote consistency in home/school expectations, an intervention plan that can be managed both at home and in school is cooperatively designed and periodically evaluated by the team via case conferences or formal Planning and Placement Team meetings.

THE PROCESS

When teachers have continued behavioral concerns about a child, they notify parents that special educational personnel will be contacted for additional input and management strategies. Given home support to enlist other staff resources, teachers meet with one or more of the team to brainstorm potentially workable behavioral plans. During this discussion, specific issues are targetted:

The teacher(s) and team member(s) cooperatively define:

1. *behavior in concrete, observable terms*
2. *conditions under which behavior occurs*
3. *duration of behavior*
4. *frequency of behavior*
5. *reinforcers that may be maintaining the behavior*
6. *strategies already attempted (& time duration)*
7. *strategies used that may be modifiable*
8. *known environmental antecedents that could be causal factors (divorce, death in the family, etc.)*

Alternative, viable strategies are then mutually developed. A plan may entail a previously tried strategy that is believed workable provided some alterations are made. These strategies must be ones that the teacher/team members are comfortable with and those that are feasible within the classroom setting. Any team member can assist in strategy implementation if teachers view this as helpful. Parents are informed of new plans of action that will be implemented in school and their understanding and support enlisted. The classroom teacher conducts an on-going, informal assessment of student behavioral progress which will be later reviewed with the team.

When alternative strategies have been implemented and do not achieve the desired results, a written referral is made by the teacher. All team members attend a formal Planning and Placement Team meeting (PPT) and in-depth parental input and involvement is (hopefully) secured. If the behavior is viewed as being related to academic problems, a full diagnostic evaluation

is undertaken. Without evidence to support learning problems, a behavioral assessment is often mutually planned involving the services of the psychologist and behavioral consultant. Other suggestions at the PPT may be implemented, such as specific parental interventions. A time-frame to reconvene is established at this meeting to review the assessment and/or progress.

ASSESSMENT

Developmental information, as well as insights into personality and family interaction patterns is obtained from the parents via a case conference with the psychologist. An assessment of the child's social-emotional development is procurred from the parents' perspective, usually via a questionnaire combined with an interview. These statements of opinion from parents not only reveal the general disposition, reaction patterns and interpersonal relationships of their youngster, but also reveal the family dynamics involved. A student interview is additionally undertaken by the psychologist to examine the following: (1) level of ego development, (2) insight and perceptions of their behavior, (3) self-esteem, (4) manner of problem-solving, (5) self in relation to the family and (6) primary defense mechanisms relied upon to ward off anxiety/guilt. A more in-depth personality evaluation may be undertaken to better clarify the above issues. If indicated by the referral concerns, standard intellectual instruments are utilized to assess cognitive functioning.

The behavioral consultant observes the current behavioral and interactive modes of a youngster in the school environment and assists teachers in conducting an on-going assessment of operative strategies. In order to design a plan which accurately assesses the discordance between the youngster and the source problem(s), the behavioral consultant selects one or more of the following data collection devices: anecdotal recording, event recording, duration recording, interval recording or time sampling.

A systematic observation schedule is then mutually planned with the teacher to target specific behavioral occurrences during the school day. This may entail an observation of the student at lunch, in reading class or during work sessions. Specific behavioral incidences as well as antecedent and subsequent events are recorded, charted and analyzed with the teacher.

When a decision for a full diagnostic evaluation is forwarded by the Planning and Placement Team, the educational diagnostician must ultimately determine whether a relationship exists between academic achievement and the behaviors exhibited by the student. In order to contribute relevant information to the integrated assessment process, the diagnostician must select instruments that will yield pertinent information sought by those referring the student. Often it is not the test scores themselves, but the information about the manner in which the student approaches tasks and responds during these one-to-one evaluative sessions which is important. The educational diagnostician reviews school records and work samples, discusses academic concerns with classroom teachers, and meets informally with the student prior to initiating the assessment process. Throughout the evaluation, anecdotal notes are taken to facilitate generalizations about the student in the following areas: attention, motivation/cooperation, response style, on-task behaviors and peripheral behaviors. The educational diagnostician will then report findings to the team which are based upon test results and directly observable behaviors.

PROGRAM PLANNING

After all evaluations and behavioral observations are completed, the team meets to discuss their findings. During this case conference; (1) results of the intellectual/personality and educational evaluations are reviewed, (2) information gathered via work samples and observational data is shared, and (3) current classroom performance and the effectiveness of management strategies is discussed. At this time, any data discrepancies are resolved by analyzing the relevant information as it pertains to the student's performance in various settings, task demands, and reinforcement contingencies. Information

is integrated and a profile of strengths and weaknesses emerges. Conditions which appear to maintain, increase and decrease the behaviors, are identified, and their relationship to cognitive and academic functioning is outlined.

Based upon collected data, a comprehensive evaluation report is written which concludes by identifying areas of student need in a prioritized fashion. Recommendations are forwarded in this report which correspond to each of these "needs statements". Although the referral may have launched an assessment process, Special Education eligibility should not be viewed as its presumed outcome. Recommendations must always be supported by data and contain specific suggestions which are beneficial to any professional involved with the student's educational program in the future.

Prior to a formal PPT, evaluative results are shared with parents so that they will have time to digest the information and formulate questions.

At the formal PPT, assessment data is summarized, eligibility for special education decided upon and alternative placement/programming options discussed. During this meeting, the PPT team assists in determining what constitutes an appropriate educational program for a youngster with primarily social-emotional needs. Proferred as a PPT decision, the team must document the extent to which the student will participate in regular education programs and the degree to which special education intervention is required. In viewing a continuum of alternative placements for a youngster, it is important to consider his/her current behavioral and psychological status, and the extent to which he or she can appropriately function and effectively learn in the current placement. For example, a student might exhibit stereotypic types of behaviors (e.g. perseverative noises, finger fanning) and additionally suffer from poor interpersonal relationships, while appearing capable of profiting from regular classroom instruction with minimal, perhaps just consultative, special education services. In this case, the preferred placement would continue to be the regular classroom. A preference for the "least restrictive environment" is adhered to.

After a determination concerning eligibility and educational placement has been made, an Individualized Education Plan (IEP) is developed with parent and teacher input. Weekly conferences with parents, teachers and student are often initiated to monitor program effectiveness and encourage communication. These conferences are generally brief, with an established format focusing only on targetted behaviors. For example, the guidelines we frequently establish for a conference are as follows:

1. Parents ask student how he/she perceives his or her behavior for that week both at school and at home. Specific details are elicited by statements such as, "Tell me exactly what was good/bad".

2. Teachers report whether the student's account matches their perceptions. Specifics are cited.

3. Parents report whether the home report given by the student matches their perceptions.

4. Discrepancies in perceptions are discussed. Verbal praise is given to student for accurate reporting. Revisions or clarifications requested from student when warranted.

Guidelines, of course, will vary according to the nature of behavioral concerns. Conferences such as these may be helpful in increasing the student's awareness of cause/effect relationships in their own behavior and personal responsibility. Additional time is spent with parents after this brief conference for the purpose of highlighting any changes in the student's attitude as well as generating a more positive interactive cycle in the home as it relates to the student's school performance.

Peer group counseling is another potential PPT recommendation. The Integrated Disciplinary Team runs weekly peer group counseling sessions, geared toward developing and enhancing social skills. Relevant social issues are discussed, as well as home/school concerns, that peer group members wish to present and problem-solve with their peers.

Just as there exist many placement alternatives for students with varying degrees and types of behavioral difficulties, there are numerous interventions to choose from. It has been our experience that regardless of

the specific behavior concerns, two basic assumptions can be made about intervention planning:

1. Behavior change takes a long time to achieve.
2. Structure and consistency should be inherent in any plan.

Further, interventions are most effective when they are implemented by all significant adults in the student's life. Parents and classroom teachers should be involved in direct planning. Interventions that are the result of a joint decision are less likely to be abandoned, resented or inappropriately implemented. Another crucial component to a behavioral plan is that an adequate amount of time be allotted at the commencement to avoid the judgment that "it didn't work". Similarly, when gains are being achieved via a given strategy, it is more judicious to maintain a student on it too long than to release external controls too soon.

CONCLUSION

The Integrated Disciplinary approach utilizes a true integration of services in order to best meet the individual needs of students within a school setting. In order to accomplish this, professionals with particular areas of expertise must be willing to expand their professional roles by exchanging and sharing information and skills. Parents and classroom teachers must not be viewed as outsiders; their perceptions, opinions, and suggestions should be respected and incorporated in program planning and implementation. The team should include any person who will have an impact on the student's educational progress. This may, in some instances, be a consulting psychiatrist, a speech and language clinician, physical and occupational therapist or even a grandmother. Although each team member may operate on their own set of assumptions, differing in philosophical orientation, we believe that this diversity serves to enhance our approach to assessment and intervention.